

2007 LIMITED LIABILITY COMPANY *
ANNUAL REPORT

FILED
Jul 16, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000031694

1. Entity Name
1110 PLAZA VENTURE LLC



Principal Place of Business
% CARLOS CARABALLO
1300 BRICKELL AVE.
MIAMI, FL 33133

Mailing Address
% CARLOS CARABALLO
1300 BRICKELL AVE.
MIAMI, FL 33133



07062007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0261425

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SANCHEZ, MILAGROS
1300 BRICKELL AVE.
MIAMI, FL 33133

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

Filing Fee is \$50.00
Due by September 14, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	P
NAME	DEFORTUNA, EDGARDO A
STREET ADDRESS	1300 BRICKELL AVE.
CITY - ST - ZIP	MIAMI, FL 33133
TITLE	ST
NAME	SANCHEZ, MILAGROS
STREET ADDRESS	1300 BRICKELL AVE.
CITY - ST - ZIP	MIAMI, FL 33133
TITLE	VP
NAME	KONIG, MICHAEL
STREET ADDRESS	1300 BRICKELL AVE.
CITY - ST - ZIP	MIAMI, FL 33133
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U000007E8980
07/16/07-80010-003 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date _____

Daytime Phone # _____